

County: Sauk

Facility ID: 3900

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GREENWAY MANOR

501 S WINSTED PO BOX 759

SPRING GREEN 53588 Phone: (608) 588-2586

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 60

Total Licensed Bed Capacity (12/31/04): 60

Number of Residents on 12/31/04: 58

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 58

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		44.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years		20.7
Day Services	No	Mental Illness (Org./Psy)	32.8	65 - 74	5.2			-----
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	31.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.4	95 & Over	12.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.2		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	8.6	65 & Over	96.6	-----		
Transportation	No	Cerebrovascular	17.2		-----	RNs		8.3
Referral Service	Yes	Diabetes	3.4	Gender	%	LPNs		3.4
Other Services	No	Respiratory	1.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	24.1	Male	27.6	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	72.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	3	100.0	347	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	5.2
Skilled Care	0	0.0	0	41	100.0	121	0	0.0	0	14	100.0	156	0	0.0	0	0	0.0	55	94.8
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	3	100.0		41	100.0		0	0.0		14	100.0		0	0.0		0	0.0	58	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	10.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	22.4	77.6	58
Other Nursing Homes	4.0	Dressing	6.9	56.9	36.2	58
Acute Care Hospitals	73.3	Transferring	17.2	58.6	24.1	58
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	22.4	60.3	17.2	58
Rehabilitation Hospitals	0.0	Eating	58.6	15.5	25.9	58
Other Locations	12.0	*****				
Total Number of Admissions	75	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	6.9		Receiving Respiratory Care	32.8
Private Home/No Home Health	52.1	Occ/Freq. Incontinent of Bladder	60.3		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	29.3		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	1.7
Acute Care Hospitals	13.7	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.4		Receiving Mechanically Altered Diets	27.6
Rehabilitation Hospitals	19.2					
Other Locations	15.1	Skin Care			Other Resident Characteristics	
Deaths	0.0	With Pressure Sores	1.7		Have Advance Directives	0.0
Total Number of Discharges		With Rashes	17.2		Medications	
(Including Deaths)	73				Receiving Psychoactive Drugs	65.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	84.2	1.15	88.5	1.09	87.7	1.10	88.8	1.09
Current Residents from In-County	77.6	76.9	1.01	72.5	1.07	70.1	1.11	77.4	1.00
Admissions from In-County, Still Residing	24.0	19.0	1.26	19.6	1.22	21.3	1.12	19.4	1.24
Admissions/Average Daily Census	129.3	161.6	0.80	144.1	0.90	116.7	1.11	146.5	0.88
Discharges/Average Daily Census	125.9	161.5	0.78	142.5	0.88	117.9	1.07	148.0	0.85
Discharges To Private Residence/Average Daily Census	65.5	70.9	0.92	59.0	1.11	49.0	1.34	66.9	0.98
Residents Receiving Skilled Care	100	95.5	1.05	95.0	1.05	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	96.6	93.5	1.03	94.5	1.02	92.7	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	70.7	65.3	1.08	66.3	1.07	68.9	1.03	66.1	1.07
Private Pay Funded Residents	24.1	18.2	1.33	20.8	1.16	19.5	1.24	20.6	1.17
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	34.5	28.5	1.21	32.3	1.07	36.0	0.96	33.6	1.03
General Medical Service Residents	24.1	28.9	0.83	25.9	0.93	25.3	0.95	21.1	1.15
Impaired ADL (Mean)	58.3	48.8	1.19	49.7	1.17	48.1	1.21	49.4	1.18
Psychological Problems	65.5	59.8	1.10	60.4	1.08	61.7	1.06	57.7	1.14
Nursing Care Required (Mean)	10.1	6.5	1.57	6.5	1.57	7.2	1.40	7.4	1.36